Interview with Kathy Whitzell
[Last Director of Nursing at AMHI and Other Positions between 1970-2004]

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Interviewer: Diane Bechard

DB: What was or is your involvement with AMHI?
KW: I would like to start out by saying that I feel very honored to be the last director of nursing for the Augusta Mental Health Institute. There have been many directors of nursing before me, all of whom have contributed a substantial amount to the hospital. I have had the pleasure of knowing them and also working with them and working for them in various capacities. So this is a very exciting time for me to see it move forward from an 1840s building into a brand new facility…It is also very scary. There were many, many traditional things that have taken place here over the years, starting off in the very beginning and now moving into a very modern facility. That may have some ramifications for…how we do business…how we are viewed by the public as a modern facility as opposed to the old.

What my grandchildren call this place is a castle. When I drove by once, they said to me, "Oh Grammy, you work at a castle." I said, "Yes I do." So for some looking at the building, it has been a kind of scary experience; for others it has been very comforting. Because I know it so well and I know all of the buildings so well and I know all of the people that have passed through here, both patient and staff, it has always been a place of comfort.

DB: How many years have you worked here?
KW: I first came here to work in 1970…I was working part-time. My daughter was very young; she was two I think. I didn't want to work full-time. I was working at Gardiner General and teaching cardiopulmonary resuscitation. We moved to this area, and one of the nurses from here came and took the course I was teaching and called me and asked me if I would be interested to come in here and work in their staff development part. I thought well why not. So I came up, I looked around and I said yes. I started out working part-time in staff development and very soon went to full-time and that was in 1970. I worked in staff development and also did some on unit staff nursing. This was in the Marquardt Building at that time. I did that for two and a half or three years, and then I was given an educational leave with pay by the hospital to complete my bachelor's degree.

DB: That is something a lot of people don't know.
KW: That's right. The hospital used to send one nurse a year away to school; this was in the early 1970s. They also sent several nurses to get their nurse practitioner [certificate] and they also sent several mental health workers to become psychologists.

DB: So what I hear you saying is that we think it is innovative that we are offering these things now, but this has been going on for a long time here at AMHI.
KW: There was a whole period of time when we had a fair amount of education money—also for social workers. There was no master's social worker program in the state, so some of the social workers were sent—I want to say they were paid for by the division of voc rehab—out of state to get their masters in social work. So there have been many programs throughout the years that have supported education through this hospital and through the department.

I came back in the end of 1972-73 from school and went back to staff development. That was at the time we were going through some major, major changes. That was when Roy Ettlinger was hired. He was the superintendent who came here as change agent. He was a very young man, and at that time nursing was structured with director of nursing and nursing supervisors in all of the buildings. I also want to mention that every single building that was on campus was filled with patients. All three floors of all of the buildings were all filled with patients, and this building was full as was everything else you see, plus two or three buildings that have been torn down.

DB: Unbelievable.
KW: There were male units and female units and female buildings and male buildings. Like the Ray building was all men and where the Marquardt central offices are now was all women.

DB: This is in the 1970s?
KW: 1970.

DB: Some people think that it was a long time ago, but you and I don't.
KW: No that's right. So Mr. Ettlinger came, and he was like 27 years old…This was at the beginning of the development of the community mental health system in Maine. His job was to modernize this hospital and to make it much more patient-friendly [and to take] more modern approaches to care and treatment of the mentally ill with the ultimate goal that people were not going to live in a state hospital as it was before.

Even before 1970 we were like a community unto ourselves. We had own surgery; we had our own kitchen; we had our farm. The patients worked in the vegetable gardens, worked with the animals on the farm, and over time piece by piece those systems were stopped and we began to work with the community, i.e., Maine General Medical Center, which was Augusta General Hospital at the time. We would send patients there for surgery rather than do it over here. Anyway, we had pretty much the same kinds of services going except we did them all and then we gradually began to utilize the community resources.

DB: Also you are talking about people who stayed here for years and years.
KW: Oh yeah. It was not uncommon to have someone spend most of their life here.

DB: Did they show progress as far as improvement?

KW: There was not, because they had lived here for so many years. There were no places for people to go to. There were no group homes; there were no boarding homes. So if someone was unable to go home with their family, they just stayed here. You know, many people came and went, but nowhere near what happens when we scan this whole change process. So we went from a very strict medical model to a more psycho-social model, where as opposed to the doctor coming in and saying this is how it is going to go and this is what is going to happen…nurses and social workers and mental health workers all got together and looked at the patient from the various and different views and said okay, what is it going to take and what does this person need?...At the same time, the community was building some group homes and we had a massive downsizing of the hospital.

DB: Which was in 1980s?
KW: In the 1970s. I don't know exactly when. [Mr. Ettlinger] also brought in a person called Maxwell Jones. I don't know if that name is familiar, but he was an international expert on therapeutic community, which was how to be nicer to patients in a hospital. A lot of books were written at the time. "Asylum", for instance, was one of those books about how people would respond or relate to patients,…the hierarchy of staff and patients, and all of the roles that all play. So we got a lot of education at that time. Mr. Ettlinger stayed here for several years. We downsized. Social workers were very much involved with helping patients find community residences back close to their home, so we could begin that whole process. That was through the 1970s and then about the mid-70s I began working on a project was called rehabilitation and re-entry that had various components of what a therapeutic community would have, which is a vocational rehab.

We had a voc rehab…building that was used. As the building emptied, we used it to provide other services and that was a vocational. We had a school going. We had some dormitory living spaces. All of the houses that were on the grounds were kept by us. So it was beginning step for those folks who hadn't been out of here for a long time. That I think was one of the programs that we received a national award for—that rehab and re-entry program and the hospital as a whole. Then we gradually downsized, downsized, downsized…

We had an admission unit; then we had a numerous day units where people were given rehabilitation and re-entry. We also had an affiliation during that time with the University of Maine/Orono psychology department that did what was called cognitive perceptual motor program…Dr. McGarrow [?], actually Mike Desisto, who is still around, developed that program. He worked and did some research and the rehab voc department worked closely with it and it was pretty similar to what they are currently doing with that treatment plan. So that was like the end of the 70s…

In 1980, I left the hospital for personal reasons and I moved out of state. I was gone for seven or eight years to Alaska. That was also interesting in that when I got there I found that they worked the way we were in 1970. So I was very fortunate to be there. I worked for the Native Association for a year. Then I worked for a local community hospital on an inpatient unit. I was the nurse manager there. I developed an outpatient psycho-social

program…There was no alliance for the mentally ill in Alaska. Some very dear friends of mine used to come visit their relatives in the hospital; we began to talk and they got the thing started. So I was one of the first affiliate founding members for the alliance in Alaska. I still connect with them.

So anyway, so I stayed there for seven years. Then I came back and I didn't know what I wanted to do…By God, the place pulled me right back in. So here I am. I have been a nurse manager, a program director, the assistant director of nursing, and now I am the director of nursing. So I have a long history and I love the place.

I just can't say enough about what I have learned from patients. The best way I can describe people with chronic mental illness that they are the bravest people I know. They absolutely are, to live day to day with that kind of a debilitating illness is…beyond my comprehension. I have learned so much from them and from their sharing their lives with me. It…gets me too worked up to think about it. So that is pretty much my story.

DB: Outstanding.
KW: I have had wonderful experiences here. I have also been here through the rough times. I know we are just in another blip. The patients keep coming…We have gone from…having our own little community to being part of the mental health system…We are no longer the center of it; we are just a piece of it…

DB: How do you feel about that? The way you described the way things used to be— where you had rehab on grounds, you had education on grounds—all that has been sent out to the community. As a family member I find it hard to accept that is being done as well as it had been done here.
KW: Well, I am very ambivalent about it. On the one hand, people should live as close to their own community and be part of the community as best as they can. Yet, on the other hand, I know that this place offers folks an asylum…

DB: It is a safe place.
KW: It is an asylum. I say asylum using it in the best possible term. It allows people with major mental illnesses to be able to express themselves and to feel safe. So I feel conflicted about that.

DB: I am going to jump in here as a family member...When my loved one was admitted here the comment made was, "Now I can laugh when I want to and talk to myself when I want to." There is comfort in that. You describe people as being very, very brave. You can be very, very brave until you are just worn out. It becomes so difficult to try to keep up with the other members of your family that there has got to be some comfort in being in a place where you don't have to compete any more. You can relax here. You don't have to keep proving yourself and proving yourself and proving. You know, get sick, get well, get well, get sick and move into an apartment, move out…There isn't a choice when you are that sick.
KW: Not necessarily.

DB: You know there are some choices, [but] some are beyond their ability to do that.
KW: …I believe that this is an illness and that it is a brain disease and that it isn't something that some mother created or some father or some situation created. It is a brain illness. As we learn more and more about it we are getting better medications, so they have far fewer side effects. Patients are more willing to take sometimes because they are not quite as [affected by] the side effects of some of the older medications. But we still have a long ways to go towards research.

DB: You know, that was told to us years and years ago in the 70s when we were here for a court appearance. My husband and I were totally wiped out. A doctor came to us and said, "This isn't your fault. We are learning more and more and experience is teaching us, it is a brain disorder." I think you have to fight stigma…
KW: Even though I have gone from being staff nurse to being ward administrator, I still like to keep a connection with the patients and I know most everybody that is here...I also do a group treatment…weekly, so I keep up my clinical skills…The treatment activity that I think is most helpful to the patients…is a combination of things. There are some things that work for some people and some things work for others. Some folks are doing extremely well with the treatment offered; we offer an incredible variety…from just plain talking in groups, some about anger, and some about weight gain…But the thing I believe helps the patients the most is that one-to-one personal interaction that they develop with a staff member, that is what I think helps the most. It doesn't need to be real sophisticated …[It's] that personal day-to-day showing up, being consistent. They know you are coming, they see your face, they know that you are going to say hello, and you gradually develop a trust over a period of time. That is, I think, the most helpful—that relationship.

…I think that the newspapers done a disservice to the patients. Not so much in the story that they tell, but the fact that they don't always tell it accurately. It is their fault, when you talk about the stigma…When they write stories about us or even when some of our forensic patients go to court—I realize the general public has the right to know—I don't know that [the newspapers] need to sensationalize all of that…They don't realize the damage that does to our patients.

DB: To paint them looking like serial killers instead of a person with an illness.
KW: So these are the things that have bothered me over time.

DB: There were some really bad times. We had a murder on the grounds, but I think people forget that. You have murder in communities, too, and this is a community. Because people are mentally ill doesn't make them worse then other people…
KW: There isn't a day that doesn't go by…that I don't think about Wrendy Haynes…The most incredible lesson that I have learned is how to be flexible. If you are a very rigid person and you like things to go right along in a certain way, this is not the place to be. You need to learn to be flexible and readjust your priorities and you need to have a sense of commitment. The folks I know who are here year after year after year really have a sense of commitment to their job, to working with patients.

DB: I am sure you have heard that the median age of employees here is 51 years old.
KW: That is true.

DB: That can be thought by some to be a bad thing, but on the other hand, it can be a very good thing, because those are the people who keep coming back, day after day, and sometimes under not very good circumstances. But I think that also gets back to what you were saying before about the press not picking up. They just pick up the bad stuff. I think the worse thing that has been here is not to get good P.R. out there. We fail in that.
KW: People don't want to read about that.

DB: They don't want to hear they good stuff.
KW: So I would say the implications for flexibility will continue for Riverview. I [have] a vision of the mental health system…[that includes] community residences that will provide the same kind of asylum that the larger hospital provides now for those folks who don't quite seem to want to go or be able to integrate into a community residence…I could name a few people who really could benefit from something like that. I often thought about the idea of going back to a small farm…I am not talking about an isolated place, but some place where someone feels safe and secure and could maybe have a little flower man to do his little garden on it if they wanted to or take care of the dog…My vision of the mental health system would be probably more of everything. I think we need more psychiatrists. I would like to see far more psychiatric nurse practitioners working within the community setting and working with patients. We need far more housing…

DB: Judge Mills says that it is now about money.
KW: Yes, it is about money…As a taxpayer I have to sit back and say we are not a really wealthy state and I don't know where more money is going to come from to pay for everything that everybody will need. So I also have some conflicts about that. But I see that there is a need for maybe 25 to 30 beds in the community somewhere in some type of a house.

DB: Or houses.
KW: Yeah—or houses—that would be more secure than what we currently have and would provide more asylum.

DB: Do you think we have adequate services in the community to keep people out of AMHI?
KW: I don't know if we will ever have totally adequate services, but I would say that we have a precious system in place. I think we are now working really well with the emergency rooms, but perhaps the crisis workers could be more trained…I am trying not to dump on anybody in particular, but if you say a psychiatric nurse is going to evaluate someone in a crisis, you are going to get a different level of evaluation than you are going to get from a mental health worker. Some of them do a really good job. I think our local inpatient units that are receiving funds should take care of patients that show up at their

door…Spring Harbor or Acadia…take the same kind of patients we take care. They do a really nice job…But the local in-patient units…should be gearing up to be able to provide better psychiatric care for people who show up on their doorstep.

Postscript: This is Diane Bechard it is still September 16th and I would like to add a postscript to the tape that I made with Kathy Whitzell at AMHI [today]. When I first got there, Kathy was telling me about the desk that is in her office, which is obviously very old. I wouldn't be surprised if it was almost as old as the Stone Building, which we were in. I think it is important to tell about what that office was like…It was just so beautiful really…The fireplace was surrounded by black marble, and Kathy and I sat in little white whicker rockers, which were obviously very old. There was a white whicker table in the corner with flowers on it. It just brought you back to why people could get better in a setting like that. Obviously, people weren't all in rooms like that. They lingered in rooms with 20 and 30 beds in them, but there were some successes and I think we should celebrate these.